

10/520070
JTM2 Rec'd PTO/PTO 05 JAN 2005

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: APPARATUS FOR DISCRETE
DISTRIBUTION OF GRANULES
Attorney Docket Number:: 1501-1288
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 33
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: MATS
Middle Name::
Family Name:: KJELLSSON
Name Suffix::
City of Residence:: HORBY
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KOINGE 6860
Address::
City of Mailing Address:: HORBY
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-242 92

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: CRISTER
Middle Name::
Family Name:: STARK
Name Suffix::
City of Residence:: VADERSTAD
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: LEJONBACKEN
Address::
City of Mailing Address:: VADERSTAD

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-590 21

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/00925	6/5/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202131-9	7/5/02	Yes

Assignment Information

Assignee Name:: VADERSTAD-VERKEN AB

Street of Mailing P.O. BOX 85

Address::

City of Mailing Address:: VADERSTAD

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-590 21